

<i>SERFF Tracking Number:</i>	<i>WAKE-125896605</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Order of United Commercial Travelers of America</i>	<i>State Tracking Number:</i>	<i>40825</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>UCT Ind Std Med Supp Rate 2008</i>		
<i>Project Name/Number:</i>	<i>UCT/112008</i>		

## Filing at a Glance

Company: The Order of United Commercial Travelers of America

Product Name: UCT Ind Std Med Supp Rate 2008      SERFF Tr Num: WAKE-125896605 State: ArkansasLH

TOI: MS06 Medicare Supplement - Other      SERFF Status: Closed      State Tr Num: 40825  
 Sub-TOI: MS06.000 Medicare Supplement - Other      Co Tr Num:      State Status: Re-opened

Filing Type: Rate      Co Status:      Reviewer(s): Stephanie Fowler  
 Author: Jennifer Snell      Disposition Date: 11/19/2008  
 Date Submitted: 11/11/2008      Disposition Status: Approved  
 Implementation Date Requested: 01/01/2009      Implementation Date: 01/01/2009

State Filing Description:

## General Information

Project Name: UCT	Status of Filing in Domicile: Not Filed
Project Number: 112008	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: This rate filing has not been submitted to the home domicile state of Ohio at this time.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact: 25%	Group Market Type:
Filing Status Changed: 11/19/2008	
State Status Changed: 11/19/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Rate Increase Filing- Medicare Supplement Standardized Plan(s)	
Form Numbers: MS(A)-91, MS(B)-91, MS IE 06 AR, MS IF 06 AR, MS IG 06 AR	

Wakely Actuarial Services Inc., has been retained by the Order of United Commercial Travelers of America to file and

SERFF Tracking Number: WAKE-125896605 State: Arkansas  
 Filing Company: The Order of United Commercial Travelers of America State Tracking Number: 40825  
 Company Tracking Number:  
 TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
 Product Name: UCT Ind Std Med Supp Rate 2008  
 Project Name/Number: UCT/112008

obtain approval of the above-captioned rate increase.

The Company is requesting a composite 25.0% increase in premiums for all plans with an average effective for implementation to be 1/1/2009. The rate increase will apply to policies inforce and new issues.

We appreciate the Department's time and consideration in the review of this filing for The Order of United Commercial Travelers of America.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - WAS01)

Jennifer Snell, Compliance Analyst jennifer.snell@wakelyactuarial.com  
 34125 US Highway N (727) 373-4558 [Phone]  
 Palm Harbor, FL 34684 (727) 373-4559[FAX]

### Filing Company Information

The Order of United Commercial Travelers of America CoCode: 56383 State of Domicile: Ohio  
 1801 Watermark Drive, Suite 100 Group Code: -99 Company Type:  
 P.O. Box 159019  
 COLUMBUS, OH 43215-8619 Group Name: State ID Number:  
 (800) 848-0123 ext. [Phone] FEIN Number: 31-4273120  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$250.00  
 Retaliatory? No  
 Fee Explanation: \$50 per a form times 5 forms  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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<i>SERFF Tracking Number:</i>	WAKE-125896605	<i>State:</i>	Arkansas
<i>Filing Company:</i>	The Order of United Commercial Travelers of America	<i>State Tracking Number:</i>	40825
<i>Company Tracking Number:</i>			
<i>TOI:</i>	MS06 Medicare Supplement - Other	<i>Sub-TOI:</i>	MS06.000 Medicare Supplement - Other
<i>Product Name:</i>	UCT Ind Std Med Supp Rate 2008		
<i>Project Name/Number:</i>	UCT/112008		
The Order of United Commercial Travelers of America	\$250.00	11/11/2008	23845969



SERFF Tracking Number: WAKE-125896605 State: Arkansas

Filing Company: The Order of United Commercial Travelers of America State Tracking Number: 40825

Company Tracking Number:

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: UCT Ind Std Med Supp Rate 2008

Project Name/Number: UCT/112008

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	11/19/2008	11/19/2008
Approved	Stephanie Fowler	11/19/2008	11/19/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	11/18/2008	11/18/2008	Jennifer Snell	11/19/2008	11/19/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Rate Pages	Rate	Jennifer Snell	11/19/2008	11/19/2008

SERFF Tracking Number: WAKE-125896605 State: Arkansas

Filing Company: The Order of United Commercial Travelers of America State Tracking Number: 40825

Company Tracking Number:

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: UCT Ind Std Med Supp Rate 2008

Project Name/Number: UCT/112008

## Disposition

Disposition Date: 11/19/2008

Implementation Date: 01/01/2009

Status: Approved

Comment: We have approved the requested 25.0% rate increase for Plans A, B, E, F and G to be implemented on or after January 1, 2009. This approval is subject to the following:

Increases will not be given more frequently than once in a twelve-month period.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
The Order of United Commercial Travelers of America	25.000%	\$1,127,033	3,353	\$4,508,133	25.000%	25.000%	25.000%

SERFF Tracking Number: WAKE-125896605 State: Arkansas

Filing Company: The Order of United Commercial Travelers of America State Tracking Number: 40825

Company Tracking Number:

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: UCT Ind Std Med Supp Rate 2008

Project Name/Number: UCT/112008

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Authorization Letter	Accepted for Informational Purposes	Yes
Supporting Document	Transmittal	Accepted for Informational Purposes	Yes
Supporting Document	Response Letter 111908	Accepted for Informational Purposes	Yes
Supporting Document	Exhibit G	Approved	No
Rate (revised)	Rate Pages		Yes
Rate	Rate Pages	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>WAKE-125896605</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Order of United Commercial Travelers of America</i>	<i>State Tracking Number:</i>	<i>40825</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>UCT Ind Std Med Supp Rate 2008</i>		
<i>Project Name/Number:</i>	<i>UCT/112008</i>		

## Disposition

Disposition Date: 11/19/2008

Implementation Date: 01/01/2009

Status: Approved

Comment: We have approved the requested 25.0% rate increase for Plans A, B, E, F and G to be implemented on or after January 1, 2009. This approval is subject to the following:

Increases will not be given more frequently than once in a twelve-month period.

<b>Company Name:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>	<b>Overall % Indicated Change:</b>
The Order of United Commercial Travelers of America	25.000%	\$1,127,033	3,353	\$4,508,133	25.000%	25.000%	25.000%

SERFF Tracking Number: WAKE-125896605 State: Arkansas

Filing Company: The Order of United Commercial Travelers of America State Tracking Number: 40825

Company Tracking Number:

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: UCT Ind Std Med Supp Rate 2008

Project Name/Number: UCT/112008

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Authorization Letter	Accepted for Informational Purposes	Yes
Supporting Document	Transmittal	Accepted for Informational Purposes	Yes
Supporting Document	Response Letter 111908	Accepted for Informational Purposes	Yes
Supporting Document	Exhibit G	Approved	No
Rate (revised)	Rate Pages		Yes
Rate	Rate Pages	Approved	Yes

SERFF Tracking Number: WAKE-125896605 State: Arkansas  
Filing Company: The Order of United Commercial Travelers of America State Tracking Number: 40825  
Company Tracking Number:  
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
Product Name: UCT Ind Std Med Supp Rate 2008  
Project Name/Number: UCT/112008

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 11/18/2008  
Submitted Date 11/18/2008  
Respond By Date 12/18/2008

Dear Jennifer Snell,

This will acknowledge receipt of the captioned filing.

Due to the number of insured covered under Plan F in Arkansas, please provide the Arkansas experience for this plan.

Please feel free to contact me if you have questions.

Sincerely,  
Stephanie Fowler

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 11/19/2008  
Submitted Date 11/19/2008

Dear Stephanie Fowler,

### Comments:

### Response 1

Comments: Attached you will find a response from our Actuary.  
Feel free to contact me should further information be needed.  
Thank you

### Changed Items:

### Supporting Document Schedule Item Changes

Satisfied -Name: Response Letter 111908  
Comment:

*SERFF Tracking Number:*      *WAKE-125896605*

*State:*      *Arkansas*

*Filing Company:*      *The Order of United Commercial Travelers of  
America*

*State Tracking Number:*      *40825*

*Company Tracking Number:*

*TOI:*      *MS06 Medicare Supplement - Other*

*Sub-TOI:*      *MS06.000 Medicare Supplement - Other*

*Product Name:*      *UCT Ind Std Med Supp Rate 2008*

*Project Name/Number:*      *UCT/112008*

**Satisfied -Name: Exhibit G**

**Comment:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Jennifer Snell

SERFF Tracking Number: WAKE-125896605 State: Arkansas  
 Filing Company: The Order of United Commercial Travelers of America State Tracking Number: 40825  
 Company Tracking Number:  
 TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
 Product Name: UCT Ind Std Med Supp Rate 2008  
 Project Name/Number: UCT/112008

**Amendment Letter**

Amendment Date:  
 Submitted Date: 11/19/2008

**Comments:**  
 Attached you will find the corrected rate pages.  
 Feel free to contact me should further information be needed.  
 Thank you

**Changed Items:**  
**Rate/Rule Schedule Item Changes:**

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
Rate Pages	MS(A)-91, MS(B)-91, MS IE 06 AR, MS IF 06 AR, MS IG 06 AR	New		AR Rates Rev.pdf
AR Rates Rev.pdf				

SERFF Tracking Number:	WAKE-125896605	State:	Arkansas
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Company Tracking Number:			
TOI:	MS06 Medicare Supplement - Other	Sub-TOI:	MS06.000 Medicare Supplement - Other
Product Name:	UCT Ind Std Med Supp Rate 2008		
Project Name/Number:	UCT/112008		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	15.000%
<b>Effective Date of Last Rate Revision:</b>	01/01/2008
<b>Filing Method of Last Filing:</b>	SERFF

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
The Order of United Commercial Travelers of America	25.000%	25.000%	\$1,127,033	3,353	\$4,508,133	25.000%	25.000%

SERFF Tracking Number: WAKE-125896605 State: Arkansas

Filing Company: The Order of United Commercial Travelers of America State Tracking Number: 40825

Company Tracking Number:

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: UCT Ind Std Med Supp Rate 2008

Project Name/Number: UCT/112008

## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Rate Pages	MS(A)-91, MS(B)-91, MS IE 06 AR, MS IF 06 AR, MS IG 06 AR	New		AR Rates Rev.pdf

**UNITED COMMERCIAL TRAVELERS OF AMERICA**

Exhibit B - Current and Proposed Premiums

**ARKANSAS**

PLAN A				
Issue Age	Mode	Current	Percent Increase	Proposed
All Ages	Monthly EFT	115.00	25.0%	143.75
All Ages	Monthly Direct	138.02	25.0%	172.52
All Ages	Quarterly	362.29	25.0%	452.86
All Ages	Semi-Annual	710.80	25.0%	888.50
All Ages	Annual	1,380.23	25.0%	1,725.28

**UNITED COMMERCIAL TRAVELERS OF AMERICA**

## Exhibit B - Current and Proposed Premiums

**ARKANSAS**

PLAN B				
Issue Age	Mode	Current	Percent Increase	Proposed
All Ages	Monthly EFT	176.04	25.0%	220.05
All Ages	Monthly Direct	211.26	25.0%	264.07
All Ages	Quarterly	554.55	25.0%	693.18
All Ages	Semi-Annual	1,087.99	25.0%	1,359.98
All Ages	Annual	2,112.61	25.0%	2,640.76

**UNITED COMMERCIAL TRAVELERS OF AMERICA**

Exhibit B - Current and Proposed Premiums (Zip Code 722)

**ARKANSAS**

PLAN E										
		Current Premiums					Proposed Premiums			
		Non-Smoker		Smoker		Percent	Non-Smoker		Smoker	
Age	Mode	Male	Female	Male	Female	Increase	Male	Female	Male	Female
All	Annual	1,461.65	1,461.65	1,827.35	1,827.35	25.0%	1,827.06	1,827.06	2,284.18	2,284.18
All	Semi-Annual	752.74	752.74	941.08	941.08	25.0%	940.92	940.92	1,176.35	1,176.35
All	Quarterly	383.68	383.68	479.67	479.67	25.0%	479.60	479.60	599.58	599.58
All	EFT Monthly	121.79	121.79	152.27	152.27	25.0%	152.23	152.23	190.33	190.33
All	Direct Monthly	146.16	146.16	182.73	182.73	25.0%	182.70	182.70	228.41	228.41

Area Factors

Arkansas 3 Digit Zip Codes	Factor
722	1.00
720,721	0.90
716-719,723-729	0.85

Modal Factors

Annual	1.00000
Semi-Annual	0.51500
Quarterly	0.26250
EFT Monthly	0.08333
Direct Monthly	0.10000

**UNITED COMMERCIAL TRAVELERS OF AMERICA**

Exhibit B - Current and Proposed Premiums (Zip Code 722)

**ARKANSAS**

PLAN F										
		Current Premiums					Proposed Premiums			
		Non-Smoker		Smoker		Percent	Non-Smoker		Smoker	
Age	Mode	Male	Female	Male	Female	Increase	Male	Female	Male	Female
All	Annual	1,689.35	1,689.35	2,112.55	2,112.55	25.0%	2,111.68	2,111.68	2,640.68	2,640.68
All	Semi-Annual	870.01	870.01	1,087.96	1,087.96	25.0%	1,087.51	1,087.51	1,359.95	1,359.95
All	Quarterly	443.45	443.45	554.54	554.54	25.0%	554.31	554.31	693.17	693.17
All	EFT Monthly	140.77	140.77	176.03	176.03	25.0%	175.96	175.96	220.03	220.03
All	Direct Monthly	168.93	168.93	211.25	211.25	25.0%	211.16	211.16	264.06	264.06

Area Factors

Arkansas 3 Digit Zip Codes	Factor
722	1.00
720,721	0.90
716-719,723-729	0.85

Modal Factors

Annual	1.00000
Semi-Annual	0.51500
Quarterly	0.26250
EFT Monthly	0.08333
Direct Monthly	0.10000

**UNITED COMMERCIAL TRAVELERS OF AMERICA**

Exhibit B - Current and Proposed Premiums (Zip Code 722)

**ARKANSAS**

PLAN G										
		Current Premiums					Proposed Premiums			
		Non-Smoker		Smoker		Percent	Non-Smoker		Smoker	
Age	Mode	Male	Female	Male	Female	Increase	Male	Female	Male	Female
All	Annual	1,495.00	1,495.00	1,866.45	1,866.45	25.0%	1,868.75	1,868.75	2,333.06	2,333.06
All	Semi-Annual	769.92	769.92	961.22	961.22	25.0%	962.40	962.40	1,201.52	1,201.52
All	Quarterly	392.43	392.43	489.94	489.94	25.0%	490.53	490.53	612.42	612.42
All	EFT Monthly	124.57	124.57	155.53	155.53	25.0%	155.71	155.71	194.41	194.41
All	Direct Monthly	149.50	149.50	186.64	186.64	25.0%	186.87	186.87	233.30	233.30

Area Factors

Arkansas 3 Digit Zip Codes	Factor
722	1.00
720,721	0.90
716-719,723-729	0.85

Modal Factors

Annual	1.00000
Semi-Annual	0.51500
Quarterly	0.26250
EFT Monthly	0.08333
Direct Monthly	0.10000

**UNITED COMMERCIAL TRAVELERS OF AMERICA**

Exhibit B - Current and Proposed Premiums (Zip Codes 720, 721)

**ARKANSAS**

PLAN E										
		Current Premiums					Proposed Premiums			
		Non-Smoker		Smoker		Percent	Non-Smoker		Smoker	
Age	Mode	Male	Female	Male	Female	Increase	Male	Female	Male	Female
All	Annual	1,315.48	1,315.48	1,644.61	1,644.61	25.0%	1,644.35	1,644.35	2,055.76	2,055.76
All	Semi-Annual	677.47	677.47	846.97	846.97	25.0%	846.83	846.83	1,058.71	1,058.71
All	Quarterly	345.31	345.31	431.71	431.71	25.0%	431.63	431.63	539.63	539.63
All	EFT Monthly	109.61	109.61	137.04	137.04	25.0%	137.01	137.01	171.30	171.30
All	Direct Monthly	131.54	131.54	164.46	164.46	25.0%	164.42	164.42	205.57	205.57

Area Factors

Arkansas 3 Digit Zip Codes	Factor
722	1.00
720,721	0.90
716-719,723-729	0.85

Modal Factors

Annual	1.00000
Semi-Annual	0.51500
Quarterly	0.26250
EFT Monthly	0.08333
Direct Monthly	0.10000

**UNITED COMMERCIAL TRAVELERS OF AMERICA**

Exhibit B - Current and Proposed Premiums (Zip Codes 720, 721)

**ARKANSAS**

PLAN F										
		Current Premiums					Proposed Premiums			
		Non-Smoker		Smoker		Percent	Non-Smoker		Smoker	
Age	Mode	Male	Female	Male	Female	Increase	Male	Female	Male	Female
All	Annual	1,520.41	1,520.41	1,901.29	1,901.29	25.0%	1,900.51	1,900.51	2,376.61	2,376.61
All	Semi-Annual	783.01	783.01	979.16	979.16	25.0%	978.76	978.76	1,223.95	1,223.95
All	Quarterly	399.10	399.10	499.08	499.08	25.0%	498.87	498.87	623.85	623.85
All	EFT Monthly	126.69	126.69	158.43	158.43	25.0%	158.36	158.36	198.03	198.03
All	Direct Monthly	152.04	152.04	190.12	190.12	25.0%	190.05	190.05	237.65	237.65

Area Factors

Arkansas 3 Digit Zip Codes	Factor
722	1.00
720,721	0.90
716-719,723-729	0.85

Modal Factors

Annual	1.00000
Semi-Annual	0.51500
Quarterly	0.26250
EFT Monthly	0.08333
Direct Monthly	0.10000

**UNITED COMMERCIAL TRAVELERS OF AMERICA**

Exhibit B - Current and Proposed Premiums (Zip Codes 720, 721)

**ARKANSAS**

PLAN G										
		Current Premiums					Proposed Premiums			
		Non-Smoker		Smoker		Percent	Non-Smoker		Smoker	
Age	Mode	Male	Female	Male	Female	Increase	Male	Female	Male	Female
All	Annual	1,345.50	1,345.50	1,679.80	1,679.80	25.0%	1,681.87	1,681.87	2,099.75	2,099.75
All	Semi-Annual	692.93	692.93	865.09	865.09	25.0%	866.16	866.16	1,081.36	1,081.36
All	Quarterly	353.19	353.19	440.94	440.94	25.0%	441.48	441.48	551.17	551.17
All	EFT Monthly	112.12	112.12	139.97	139.97	25.0%	140.15	140.15	174.96	174.96
All	Direct Monthly	134.55	134.55	167.98	167.98	25.0%	168.18	168.18	209.97	209.97

Area Factors

Arkansas 3 Digit Zip Codes	Factor
722	1.00
720,721	0.90
716-719,723-729	0.85

Modal Factors

Annual	1.00000
Semi-Annual	0.51500
Quarterly	0.26250
EFT Monthly	0.08333
Direct Monthly	0.10000

**UNITED COMMERCIAL TRAVELERS OF AMERICA**

Exhibit B - Current and Proposed Premiums (Zip Codes 716-719, 723-729)

**ARKANSAS**

PLAN E										
		Current Premiums					Proposed Premiums			
		Non-Smoker		Smoker		Percent	Non-Smoker		Smoker	
Age	Mode	Male	Female	Male	Female	Increase	Male	Female	Male	Female
All	Annual	1,242.40	1,242.40	1,553.24	1,553.24	25.0%	1,553.00	1,553.00	1,941.55	1,941.55
All	Semi-Annual	639.83	639.83	799.92	799.92	25.0%	799.78	799.78	999.90	999.90
All	Quarterly	326.13	326.13	407.72	407.72	25.0%	407.66	407.66	509.65	509.65
All	EFT Monthly	103.52	103.52	129.43	129.43	25.0%	129.40	129.40	161.78	161.78
All	Direct Monthly	124.24	124.24	155.32	155.32	25.0%	155.30	155.30	194.15	194.15

Area Factors

Arkansas 3 Digit Zip Codes	Factor
722	1.00
720,721	0.90
716-719,723-729	0.85

Modal Factors

Annual	1.00000
Semi-Annual	0.51500
Quarterly	0.26250
EFT Monthly	0.08333
Direct Monthly	0.10000

**UNITED COMMERCIAL TRAVELERS OF AMERICA**

Exhibit B - Current and Proposed Premiums (Zip Codes 716-719, 723-729)

**ARKANSAS**

PLAN F										
		Current Premiums					Proposed Premiums			
		Non-Smoker		Smoker		Percent	Non-Smoker		Smoker	
Age	Mode	Male	Female	Male	Female	Increase	Male	Female	Male	Female
All	Annual	1,435.94	1,435.94	1,795.66	1,795.66	25.0%	1,794.92	1,794.92	2,244.57	2,244.57
All	Semi-Annual	739.51	739.51	924.76	924.76	25.0%	924.38	924.38	1,155.95	1,155.95
All	Quarterly	376.93	376.93	471.36	471.36	25.0%	471.16	471.16	589.20	589.20
All	EFT Monthly	119.65	119.65	149.63	149.63	25.0%	149.56	149.56	187.03	187.03
All	Direct Monthly	143.59	143.59	179.56	179.56	25.0%	179.48	179.48	224.45	224.45

Area Factors

Arkansas 3 Digit Zip Codes	Factor
722	1.00
720.721	0.90
716-719,723-729	0.85

Modal Factors

Annual	1.00000
Semi-Annual	0.51500
Quarterly	0.26250
EFT Monthly	0.08333
Direct Monthly	0.10000

**UNITED COMMERCIAL TRAVELERS OF AMERICA**

Exhibit B - Current and Proposed Premiums (Zip Codes 716-719, 723-729)

**ARKANSAS**

PLAN G										
		Current Premiums					Proposed Premiums			
		Non-Smoker		Smoker		Percent	Non-Smoker		Smoker	
Age	Mode	Male	Female	Male	Female	Increase	Male	Female	Male	Female
All	Annual	1,270.75	1,270.75	1,586.48	1,586.48	25.0%	1,588.43	1,588.43	1,983.10	1,983.10
All	Semi-Annual	654.43	654.43	817.03	817.03	25.0%	818.03	818.03	1,021.28	1,021.28
All	Quarterly	333.57	333.57	416.45	416.45	25.0%	416.96	416.96	520.56	520.56
All	EFT Monthly	105.89	105.89	132.20	132.20	25.0%	132.36	132.36	165.25	165.25
All	Direct Monthly	127.07	127.07	158.64	158.64	25.0%	158.83	158.83	198.30	198.30

Area Factors

Arkansas 3 Digit Zip Codes	Factor
722	1.00
720.721	0.90
716-719,723-729	0.85

Modal Factors

Annual	1.00000
Semi-Annual	0.51500
Quarterly	0.26250
EFT Monthly	0.08333
Direct Monthly	0.10000

SERFF Tracking Number: WAKE-125896605 State: Arkansas  
Filing Company: The Order of United Commercial Travelers of America State Tracking Number: 40825  
Company Tracking Number:  
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
Product Name: UCT Ind Std Med Supp Rate 2008  
Project Name/Number: UCT/112008

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Health - Actuarial Justification Approved 11/19/2008  
**Comments:**  
**Attachment:**  
AR AJ 2008.pdf

**Review Status:**  
**Satisfied -Name:** Authorization Letter Accepted for Informational 11/19/2008  
**Comments:** Purposes  
**Attachment:**  
Auth Ltr 2008.pdf

**Review Status:**  
**Satisfied -Name:** Transmittal Accepted for Informational 11/19/2008  
**Comments:** Purposes  
**Attachment:**  
Transmittal Document.pdf

**Review Status:**  
**Satisfied -Name:** Response Letter 111908 Accepted for Informational 11/19/2008  
**Comments:** Purposes  
**Attachment:**  
AR Response 11-18-2008.pdf

**Review Status:**  
**Satisfied -Name:** Exhibit G Approved 11/19/2008  
**Comments:**  
**Attachment:**  
AR Exhibit 11-18-2008.pdf

## ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA

### Actuarial Justification for Medicare Supplement Rate Increase Standardized Medicare Supplement Plans

#### 1. Purpose of Filing

This is a rate increase filing for existing Medicare Supplement forms. The purpose of this rate filing is to demonstrate that the anticipated loss ratio of these forms meet the minimum requirements of this state. This rate filing is not intended to be used for any other purpose.

#### 2. Scope of Filing

This filing applies to the following forms which provide Medicare Supplement benefits. The nationwide inforce distribution as of 6/30/2008 are summarized below:

Standardized Benefits*	Rating Method	Policies Inforce	Premium Inforce
Plan A	Issue Age	146	256,381
Plan B	Issue Age	370	886,491
Plan C	Issue Age	2,998	8,551,337
Plan E	Issue Age	3,202	4,539,583
Plan F	Issue Age	13,938	25,678,018
Plan G	Issue Age	1,943	2,432,322
		22,597	42,344,132

\* The forms included in the filing for this state are shown in the Forms Exhibit.

The company is requesting a 25.0% increase in premiums for all plans. The rate increase will apply to policies inforce and new issues. The number of policyholders, annualized premiums inforce and average premium per policy as of 6/30/2008 are shown by state in the attached Exhibit A.

#### 3. Reason for Rate Increase Request

The Company is requesting an increase in premiums to account for adverse experience, medical provider reimbursement rate increases, utilization changes, medical cost shifting, and new medical procedures and technology. Current and proposed premiums are attached in Exhibit B.

The target effective date for implementation of this increase is 2/1/2009. The increase will be applied uniformly to all policyholders within the state.

#### 4. Rate Increase History

The rate increases by calendar year for this state are included as Exhibit C. The average nationwide rate increases by calendar year are included as Exhibit D.

#### 5. Rate Justification Standard - Minimum Loss Ratios

This filing demonstrates that, after implementation of the requested increase, the projected future loss ratio for these plans is higher than the required minimum loss ratio.

Type of Coverage:	Individual Medicare Supplement
Renewal Clause:	Guaranteed Renewable
Minimum Required Loss Ratio:	65.0%

## ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA

### Actuarial Justification for Medicare Supplement Rate Increase Standardized Medicare Supplement Plans

#### 6. Assumptions

- a. Interest - A 5.0% effective annual rate of interest has been assumed for accumulating historical experience and for discounting projected future experience to present values.
- b. Persistency - An annual termination rate of 15.0% has been assumed for projecting the inforce into the future.
- c. Claim Cost Trend - An annual claim cost trend of 9.7% has been assumed as the overall claim cost trend. It is composed of a 2.5% aging component and an 7.0% medical trend component.
- d. Rate Increase - For purposes of calculating the anticipated lifetime loss ratio, a 25.0% rate increase effective 2/1/2009 has been assumed. Rate increases equal to medical trend are assumed effective 2/1 of subsequent years.

#### 7. Data

The experience data and inforce information were provided by the Company. The data was checked for reasonableness and consistency; however, we relied on the Company for the completeness and accuracy of the data. After examination, no material biases in the data were found and no adjustments were deemed necessary.

#### 8. Historical Experience

Nationwide experience is provided by the Company and is being used to enhance credibility. Nationwide historical experience by plan is found in Exhibit E. Historical experience for this state can be found in Exhibit F. Nationwide historical experience since inception is as follows:

Year	Paid Claims	Restated Claim Reserve		Incurred Claims	Earned Premium	Loss Ratio
		Beginning	Ending			
1992	138,403	0	147,777	286,180	563,201	50.8%
1993	881,387	147,777	283,255	1,016,865	1,795,255	56.6%
1994	1,963,858	283,255	728,181	2,408,784	3,877,535	62.1%
1995	5,425,560	728,181	2,992,930	7,690,309	10,457,540	73.5%
1996	16,770,089	2,992,930	6,894,676	20,671,835	26,449,068	78.2%
1997	34,101,418	6,894,676	15,534,249	42,740,991	51,907,112	82.3%
1998	53,263,344	15,534,249	17,496,905	55,226,000	67,055,497	82.4%
1999	52,986,501	17,496,905	13,415,318	48,904,914	63,330,399	77.2%
2000	45,779,318	13,415,318	8,079,049	40,443,049	52,197,800	77.5%
2001	36,213,974	8,079,049	7,006,180	35,141,105	47,003,509	74.8%
2002	30,887,062	7,006,180	5,689,714	29,570,596	42,839,388	69.0%
2003	27,363,041	5,689,714	5,039,815	26,713,142	38,895,273	68.7%
2004	25,433,370	5,039,815	3,721,202	24,114,757	34,672,681	69.5%
2005	21,520,548	3,721,202	3,276,766	21,076,112	30,393,218	69.3%
2006	17,917,181	3,276,766	3,730,491	18,370,906	26,112,187	70.4%
2007	21,904,225	3,730,491	5,613,107	23,786,841	32,415,167	73.4%
2Q 2008	15,954,485	5,613,107	6,420,261	16,761,639	19,940,917	84.1%
Total	408,503,764			414,924,025	549,905,747	75.5%
		Accumulated at 5.0%		596,887,394	786,756,021	75.9%

#### 9. Current Loss Ratio at 6/30/2008

Year	Historical Earned Premium	Current Rate Level Factor*	Current Earned Premium	Historical Incurred Claims	Claim Trend Factor**	Current Incurred Claims	Current Loss Ratio
2007	32,415,167	1.083	35,114,074	23,786,841	1.097	26,088,218	74.3%
2Q 2008	19,940,917	1.027	20,479,662	16,761,639	1.023	17,153,131	83.8%
			55,593,736			43,241,349	77.8%

\* Adjusts for average nationwide rate increases previously approved.

\*\* Applies a 9.7% claim cost trend from the midpoint of the period to 6/30/2008.

# ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA

## Actuarial Justification for Medicare Supplement Rate Increase Standardized Medicare Supplement Plans

### 10. Projected Future Experience

Future nationwide experience has been projected for 20 years using the loss ratio at 6/30/2008, annualized premium inforce at 6/30/2008, and the rate increase and persistency assumptions as follows:

Year	Persistency Factor*	Projected Earned Premium w/o Increase	Current Loss Ratio Factor**	Projected Incurred Claims	Rate Increase Factor***	Projected Earned Premium w/Increase	Projected Loss Ratio
6/30/2008 Values -->		42,344,132	77.8%				
Rest of 2008	0.960	20,329,091	79.6%	16,181,481	1.000	20,329,091	79.6%
2009	0.850	35,992,512	85.3%	30,703,874	1.227	44,161,757	69.5%
2010	0.723	30,593,635	93.6%	28,623,303	1.330	40,688,926	70.3%
2011	0.614	26,004,590	102.6%	26,683,717	1.423	37,006,578	72.1%
2012	0.522	22,103,902	112.5%	24,875,561	1.523	33,657,483	73.9%
2013	0.444	18,788,316	123.4%	23,189,931	1.629	30,611,481	75.8%
2014	0.377	15,970,069	135.4%	21,618,523	1.743	27,841,142	77.6%
2015	0.321	13,574,559	148.5%	20,153,598	1.865	25,321,518	79.6%
2016	0.272	11,538,375	162.8%	18,787,940	1.996	23,029,921	81.6%
2017	0.232	9,807,619	178.6%	17,514,822	2.136	20,945,713	83.6%
2018	0.197	8,336,476	195.9%	16,327,974	2.285	19,050,126	85.7%
2019	0.167	7,086,004	214.8%	15,221,550	2.445	17,326,090	87.9%
2020	0.142	6,023,104	235.6%	14,190,099	2.616	15,758,079	90.0%
2021	0.121	5,119,638	258.4%	13,228,543	2.799	14,331,973	92.3%
2022	0.103	4,351,692	283.4%	12,332,144	2.995	13,034,929	94.6%
2023	0.087	3,698,939	310.8%	11,496,487	3.205	11,855,268	97.0%
2024	0.074	3,144,098	340.9%	10,717,456	3.429	10,782,366	99.4%
2025	0.063	2,672,483	373.9%	9,991,214	3.669	9,806,562	101.9%
2026	0.054	2,271,611	410.0%	9,314,185	3.926	8,919,068	104.4%
2027	0.046	1,930,869	449.7%	8,683,032	4.201	8,111,892	107.0%
2028	0.039	1,641,239	493.2%	8,094,648	4.495	7,377,766	109.7%
Total				357,930,082		439,947,730	81.4%
		Discounted at 5.0%		252,561,597		319,952,127	78.9%

\* Applies a 15.0% annual termination rate from 6/30/2008 to the midpoint of the period.

\*\* Applies the current loss ratio, projected using an 9.7% annual trend.

\*\*\* Applies a 25.0% rate increase effective 2/1/2009 with annual increases of 7.0% on 2/1 for each year thereafter.

### 11. Lifetime Anticipated Loss Ratio

The lifetime anticipated loss ratio is defined as the present value of the historical and projected future incurred claims divided by the present value of the historical and projected future earned premiums. The active life reserve is not included in this calculation. These values, previously calculated, are summarized below.

	PV at 5.0%		
	Earned Premium	Incurred Claims	Incurred Loss Ratio
Historical	786,756,021	596,887,394	75.9%
Projected Future	319,952,127	252,561,597	78.9%
Lifetime	1,106,708,148	849,448,991	76.8%

The above demonstrates that both the anticipated future loss ratio and the lifetime anticipated loss ratio are in compliance with minimum loss ratio requirements after implementation of the 25.0% rate increase.

**ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA**

Actuarial Justification for Medicare Supplement Rate Increase  
Standardized Medicare Supplement Plans

**12. Actuarial Certification**

I, J. Steven Keck, principal and consulting actuary for Wakely Actuarial Services, Inc., am a member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render this statement of Actuarial Opinion.

I hereby certify that, to the best of my knowledge and judgment, the entire rate filing was prepared based on the current standards of practice as promulgated by the Actuarial Standards Board including the data quality standard of practice; and that the benefits of the policy forms affected by the rate filing are reasonable in relation to the premiums charged. The assumptions present my best judgment as to the expected value for each assumption and, in my opinion, the rates are not excessive, inadequate, or unfairly discriminatory.

Respectfully Submitted,

A handwritten signature in blue ink, reading "J. Steven Keck". The signature is fluid and cursive, with the first name "J." and last name "Keck" clearly visible.

J. Steven Keck, FSA, MAAA  
Principal & Consulting Actuary  
Wakely Actuarial Services, Inc.

Attachments

State Forms

Exhibit A - Inforce by State

Exhibit B - Current and Proposed Premiums

Exhibit C - State Rate Increase History

Exhibit D - Rate Increase History

Exhibit E - Nationwide Historical Experience by Plan

Exhibit F - State Historical Experience

**ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA**

Actuarial Justification for Medicare Supplement Rate Increase  
Standardized Medicare Supplement Plans

Exhibit A - Inforce by State

State	Policies Inforce							Annualized Premium Inforce							Average Annual Premium Per Policy						
	A	B	C	E	F	G	Total	A	B	C	E	F	G	Total	A	B	C	E	F	G	Total
AL	-	8	19	-	13	-	40	-	22,743	60,920	-	50,756	-	134,419	-	2,843	3,206	-	3,904	-	3,360
AR	1	1	-	4	3,070	277	3,353	1,200	1,837	-	5,217	4,161,121	338,758	4,508,133	1,200	1,837	-	1,304	1,355	1,223	1,345
AZ	1	-	-	1	2,710	157	2,869	1,495	-	-	1,585	3,983,865	206,597	4,193,542	1,495	-	-	1,585	1,470	1,316	1,462
CA	2	-	1	-	6	-	9	4,787	-	4,038	-	27,528	-	36,353	2,394	-	4,038	-	4,588	-	4,039
CO	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
FL	67	193	1,194	-	1,479	-	2,933	114,422	428,783	2,765,366	-	3,771,332	-	7,079,903	1,708	2,222	2,316	-	2,550	-	2,414
GA	4	29	98	-	112	-	243	7,488	62,078	278,530	-	303,723	-	651,819	1,872	2,141	2,842	-	2,712	-	2,682
IA	-	-	6	-	60	-	66	-	-	15,116	-	159,737	-	174,853	-	-	2,519	-	2,662	-	2,649
ID	-	-	-	-	2,259	703	2,962	-	-	-	-	3,155,142	745,053	3,900,195	-	-	-	-	1,397	1,060	1,317
IL	4	11	68	-	526	-	609	8,335	29,135	219,263	-	1,867,952	-	2,124,685	2,084	2,649	3,224	-	3,551	-	3,489
IN	1	6	63	-	163	-	233	1,872	16,494	217,287	-	580,397	-	816,050	1,872	2,749	3,449	-	3,561	-	3,502
KS	1	1	169	-	82	-	253	1,421	2,305	467,758	-	278,432	-	749,916	1,421	2,305	2,768	-	3,396	-	2,964
KY	7	3	91	-	89	-	190	14,876	9,454	322,456	-	327,239	-	674,025	2,125	3,151	3,543	-	3,677	-	3,548
LA	-	2	12	-	17	-	31	-	6,905	55,437	-	76,523	-	138,865	-	3,453	4,620	-	4,501	-	4,480
MI	4	1	83	-	18	-	106	8,443	3,373	301,464	-	61,585	-	374,865	2,111	3,373	3,632	-	3,421	-	3,536
ME	8	-	-	3,197	2,420	806	6,431	9,146	-	-	4,532,781	3,834,229	1,141,914	9,518,070	1,143	-	-	1,418	1,584	1,417	1,480
MO	-	6	90	-	55	-	151	-	17,775	324,969	-	202,733	-	545,477	-	2,963	3,611	-	3,686	-	3,612
MS	-	-	4	-	42	-	46	-	-	12,606	-	138,685	-	151,291	-	-	3,152	-	3,302	-	3,289
MT	-	1	-	-	-	-	1	-	1,411	-	-	-	-	1,411	-	1,411	-	-	-	-	1,411
NC	2	3	18	-	50	-	73	4,520	9,381	70,215	-	207,776	-	291,892	2,260	3,127	3,901	-	4,156	-	3,999
ND	1	4	40	-	56	-	101	1,290	7,732	91,500	-	145,174	-	245,696	1,290	1,933	2,288	-	2,592	-	2,433
NE	-	1	4	-	38	-	43	-	2,533	13,575	-	134,765	-	150,873	-	2,533	3,394	-	3,546	-	3,509
NV	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
OH	5	18	219	-	47	-	289	10,177	52,106	753,862	-	163,620	-	979,765	2,035	2,895	3,442	-	3,481	-	3,390
OK	12	17	165	-	104	-	298	15,765	37,138	391,153	-	292,891	-	736,947	1,314	2,185	2,371	-	2,816	-	2,473
OR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PA	7	48	397	-	-	-	452	14,710	125,502	1,356,581	-	-	-	1,496,793	2,101	2,615	3,417	-	-	-	3,311
SC	-	-	12	-	23	-	35	-	-	33,554	-	70,287	-	103,841	-	-	2,796	-	3,056	-	2,967
SD	-	1	-	-	25	-	26	-	3,174	-	-	83,796	-	86,970	-	3,174	-	-	3,352	-	3,345
TN	-	3	45	-	113	-	161	-	7,497	147,089	-	366,880	-	521,466	-	2,499	3,269	-	3,247	-	3,239
TX	19	12	162	-	344	-	537	36,434	35,917	532,160	-	1,173,600	-	1,778,111	1,918	2,993	3,285	-	3,412	-	3,311
UT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VA	-	1	38	-	17	-	56	-	3,218	116,438	-	58,250	-	177,906	-	3,218	3,064	-	3,426	-	3,177
Total	146	370	2,998	3,202	13,938	1,943	22,597	256,381	886,491	8,551,337	4,539,583	25,678,018	2,432,322	42,344,132	1,756	2,396	2,852	1,418	1,842	1,252	1,874

## UNITED COMMERCIAL TRAVELERS OF AMERICA

### Actuarial Justification for Medicare Supplement Rate Increase

#### Exhibit C - State Rate Increase History

##### Arkansas

Effective Date	A	B	C	E	F	G
7/1/1998	35.00%	35.00%	N/A	N/A	N/A	N/A
8/1/1999	25.00%	25.00%	N/A	N/A	N/A	N/A
8/1/2000	20.00%	20.00%	N/A	N/A	N/A	N/A
7/1/2001	20.00%	20.00%	N/A	N/A	N/A	N/A
7/1/2003	0.00%	0.00%	N/A	N/A	N/A	N/A
1/1/2004	12.00%	12.00%	N/A	N/A	N/A	N/A
1/1/2005	0.00%	0.00%	N/A	N/A	N/A	N/A
1/1/2006	0.00%	0.00%	N/A	N/A	N/A	N/A
1/1/2007	0.00%	0.00%	N/A	N/A	N/A	N/A
2/1/2008	15.00%	15.00%	N/A	15.00%	15.00%	15.00%

**UNITED COMMERCIAL TRAVELERS OF AMERICA (NAIC# 56383)**

Actuarial Justification for Medicare Supplement Rate Increase  
Standardized Medicare Supplement Plans

Exhibit D - Rate Increase History

Calendar	Issue Age Forms - Percent Increase						
<u>Year</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>E</u>	<u>F</u>	<u>G</u>	<u>Average</u>
1994		2.3%		N/A	2.0%	N/A	1.8%
1995	1.0%	1.0%	1.0%	N/A		N/A	0.3%
1996	7.0%	5.0%	5.0%	N/A	5.0%	N/A	5.0%
1997	17.0%	14.0%	14.0%	N/A	8.0%	N/A	11.2%
1998	19.0%	20.0%	22.0%	N/A	15.0%	N/A	18.8%
10/1/1999	20.5%	21.6%	22.4%	N/A	20.6%	N/A	21.5%
10/1/2000	17.2%	17.4%	18.1%	N/A	17.2%	N/A	17.6%
10/1/2001	18.3%	17.7%	18.2%	N/A	17.8%	N/A	18.0%
10/1/2002	14.9%	13.7%	13.2%	N/A	12.7%	N/A	13.0%
1/1/2004	6.1%	6.6%	8.3%	N/A	7.1%	N/A	7.6%
1/1/2005	5.1%	4.9%	5.8%	N/A	7.3%	N/A	6.5%
3/1/2006	7.7%	7.5%	9.1%	N/A	7.6%	N/A	8.2%
1/1/2007	3.9%	4.2%	5.4%	N/A	3.8%	N/A	4.0%
3/1/2008	3.5%	2.7%	3.5%	15.0%	8.8%	10.4%	8.3%

The average rate increase for 2008 is based on the weighted average of 6/30/2008 inforce premium.  
The rate increase history for this state is included in Exhibit C.

**UNITED COMMERCIAL TRAVELERS OF AMERICA (NAIC# 56383)**

Standardized Medicare Supplement Issue Age Plan A

## Exhibit E - Nationwide Historical Experience by Plan

Calendar Year	Paid Claims	Claim Reserve Beginning	Ending	Incurred Claims	Earned Premium	Loss Ratio
1992	-	-	-	-	33	0.0%
1993	40	-	-	40	965	4.1%
1994	3,306	-	4,805	8,111	14,352	56.5%
1995	31,444	4,805	18,544	45,183	60,882	74.2%
1996	82,809	18,544	41,295	105,560	132,719	79.5%
1997	176,667	41,295	102,091	237,463	290,619	81.7%
1998	374,154	102,091	164,881	436,944	396,866	110.1%
1999	409,290	164,881	107,506	351,915	408,547	86.1%
2000	341,431	107,506	70,945	304,870	359,852	84.7%
2001	289,938	70,945	63,789	282,782	350,761	80.6%
2002	314,099	63,789	68,288	318,598	390,612	81.6%
2003	331,185	68,288	81,111	344,008	422,676	81.4%
2004	337,300	81,111	44,457	300,646	409,555	73.4%
2005	258,913	44,457	51,098	265,554	363,025	73.2%
2006	220,741	51,098	31,492	201,135	299,949	67.1%
2007	161,846	31,492	41,453	171,807	276,221	62.2%
2Q 2008	95,055	41,453	36,101	89,703	129,648	69.2%
Total	3,428,218			3,464,319	4,307,282	80.4%
With Interest				4,834,865	5,919,102	81.7%

**UNITED COMMERCIAL TRAVELERS OF AMERICA (NAIC# 56383)**

## Standardized Medicare Supplement Issue Age Plan B

## Exhibit E - Nationwide Historical Experience by Plan

Calendar Year	Paid Claims	Claim Reserve		Incurred Claims	Earned Premium	Loss Ratio
		Beginning	Ending			
1992	203	-	3,316	3,519	9,697	36.3%
1993	15,027	3,316	7,273	18,984	41,452	45.8%
1994	92,434	7,273	44,192	129,353	173,377	74.6%
1995	286,877	44,192	172,451	415,136	532,382	78.0%
1996	856,830	172,451	357,829	1,042,208	1,379,283	75.6%
1997	1,547,575	357,829	825,665	2,015,411	2,455,897	82.1%
1998	2,405,151	825,665	858,783	2,438,269	3,007,574	81.1%
1999	2,266,967	858,783	639,878	2,048,062	2,756,520	74.3%
2000	1,968,041	639,878	384,407	1,712,570	2,182,466	78.5%
2001	1,595,240	384,407	349,080	1,559,913	1,987,185	78.5%
2002	1,420,489	349,080	327,705	1,399,114	1,937,660	72.2%
2003	1,374,856	327,705	259,602	1,306,753	1,810,828	72.2%
2004	1,241,365	259,602	202,650	1,184,413	1,658,819	71.4%
2005	1,063,212	202,650	138,680	999,242	1,429,549	69.9%
2006	827,917	138,680	155,032	844,269	1,193,585	70.7%
2007	709,801	155,032	156,426	711,195	1,018,568	69.8%
2Q 2008	346,356	156,426	147,782	337,712	446,681	75.6%
Total	18,018,341			18,166,123	24,021,524	75.6%
With Interest				26,437,409	34,744,418	76.1%

**UNITED COMMERCIAL TRAVELERS OF AMERICA (NAIC# 56383)**

Standardized Medicare Supplement Issue Age Plan C

## Exhibit E - Nationwide Historical Experience by Plan

Calendar Year	Paid Claims	Claim Reserve		Incurred Claims	Earned Premium	Loss Ratio
		Beginning	Ending			
1992						
1993						
1994	101,845	-	132,435	234,280	399,754	58.6%
1995	1,318,929	132,435	1,034,454	2,220,948	2,809,692	79.0%
1996	6,547,499	1,034,454	3,089,344	8,602,389	10,494,163	82.0%
1997	16,390,327	3,089,344	7,939,750	21,240,733	24,808,659	85.6%
1998	27,944,213	7,939,750	8,963,231	28,967,694	33,845,362	85.6%
1999	27,177,321	8,963,231	6,516,488	24,730,578	30,731,927	80.5%
2000	21,788,269	6,516,488	3,822,915	19,094,696	23,766,366	80.3%
2001	17,040,378	3,822,915	3,100,277	16,317,740	21,053,886	77.5%
2002	13,964,659	3,100,277	2,650,212	13,514,594	18,897,426	71.5%
2003	12,336,418	2,650,212	2,230,000	11,916,206	16,915,475	70.4%
2004	11,545,795	2,230,000	1,545,373	10,861,168	14,993,864	72.4%
2005	9,427,177	1,545,373	1,382,079	9,263,883	13,013,243	71.2%
2006	7,785,490	1,382,079	1,459,240	7,862,651	10,968,335	71.7%
2007	6,917,858	1,459,240	1,335,273	6,793,891	9,444,262	71.9%
2Q 2008	3,593,912	1,335,273	1,314,050	3,572,689	4,229,889	84.5%
Total	183,880,089			185,194,140	236,372,303	78.3%
With Interest				269,816,024	341,405,048	79.0%

**UNITED COMMERCIAL TRAVELERS OF AMERICA (NAIC# 56383)**

Standardized Medicare Supplement Issue Age Plan E

## Exhibit E - Nationwide Historical Experience by Plan

Calendar Year	Paid Claims	Claim Reserve Beginning	Ending	Incurred Claims	Earned Premium	Loss Ratio
1992						
1993						
1994						
1995						
1996						
1997						
1998						
1999						
2000						
2001						
2002						
2003						
2004						
2005						
2006	-	-	308	308	420	73.2%
2007	1,372,619	308	604,481	1,976,793	2,358,198	83.8%
2Q 2008	1,628,914	604,481	806,576	1,831,008	2,019,386	90.7%
Total	3,001,532			3,808,109	4,378,004	87.0%
With Interest				3,929,450	4,520,739	86.9%

**UNITED COMMERCIAL TRAVELERS OF AMERICA (NAIC# 56383)**

Standardized Medicare Supplement Issue Age Plan F

## Exhibit E - Nationwide Historical Experience by Plan

Calendar Year	Paid Claims	Claim Reserve Beginning	Claim Reserve Ending	Incurred Claims	Earned Premium	Loss Ratio
1992	138,200	-	144,461	282,661	553,471	51.1%
1993	866,320	144,461	275,982	997,841	1,752,838	56.9%
1994	1,766,273	275,982	546,749	2,037,040	3,290,052	61.9%
1995	3,788,310	546,749	1,767,481	5,009,042	7,054,584	71.0%
1996	9,282,951	1,767,481	3,406,208	10,921,678	14,442,903	75.6%
1997	15,986,849	3,406,208	6,666,743	19,247,384	24,351,937	79.0%
1998	22,539,826	6,666,743	7,510,010	23,383,093	29,805,695	78.5%
1999	23,132,923	7,510,010	6,151,446	21,774,359	29,433,404	74.0%
2000	21,681,577	6,151,446	3,800,782	19,330,913	25,889,116	74.7%
2001	17,288,418	3,800,782	3,493,034	16,980,670	23,611,677	71.9%
2002	15,187,815	3,493,034	2,643,509	14,338,290	21,613,690	66.3%
2003	13,320,582	2,643,509	2,469,102	13,146,175	19,746,294	66.6%
2004	12,308,910	2,469,102	1,928,722	11,768,530	17,610,443	66.8%
2005	10,771,246	1,928,722	1,704,909	10,547,433	15,587,401	67.7%
2006	9,075,994	1,704,909	2,068,392	9,439,477	13,611,233	69.4%
2007	12,209,180	2,068,392	3,172,841	13,313,629	18,176,782	73.2%
2Q 2008	9,522,746	3,172,841	3,709,254	10,059,159	12,027,792	83.6%
Total	198,868,119			202,577,373	278,559,313	72.7%
With Interest				290,101,650	397,825,026	72.9%

**UNITED COMMERCIAL TRAVELERS OF AMERICA (NAIC# 56383)**

Standardized Medicare Supplement Issue Age Plan G

## Exhibit E - Nationwide Historical Experience by Plan

Calendar Year	Paid Claims	Claim Reserve Beginning	Ending	Incurred Claims	Earned Premium	Loss Ratio
1992						
1993						
1994						
1995						
1996						
1997						
1998						
1999						
2000						
2001						
2002						
2003						
2004						
2005						
2006	7,039	-	16,027	23,066	38,665	59.7%
2007	532,923	16,027	302,632	819,528	1,141,136	71.8%
2Q 2008	767,502	302,632	406,498	871,368	1,087,520	80.1%
Total	1,307,464			1,713,962	2,267,321	75.6%
With Interest				1,767,997	2,341,688	75.5%

**UNITED COMMERCIAL TRAVELERS OF AMERICA (NAIC# 56383)**  
Standardized Medicare Supplement Issue Age Plans A, B, C, E, F and G

Exhibit E - Nationwide Historical Experience by Plan

Calendar Year	Paid Claims	Claim Reserve		Incurred Claims	Earned Premium	Loss Ratio
		Beginning	Ending			
1992	138,403	-	147,777	286,180	563,201	50.8%
1993	881,387	147,777	283,255	1,016,865	1,795,255	56.6%
1994	1,963,858	283,255	728,181	2,408,784	3,877,535	62.1%
1995	5,425,560	728,181	2,992,930	7,690,309	10,457,540	73.5%
1996	16,770,089	2,992,930	6,894,676	20,671,835	26,449,068	78.2%
1997	34,101,418	6,894,676	15,534,249	42,740,991	51,907,112	82.3%
1998	53,263,344	15,534,249	17,496,905	55,226,000	67,055,497	82.4%
1999	52,986,501	17,496,905	13,415,318	48,904,914	63,330,399	77.2%
2000	45,779,318	13,415,318	8,079,049	40,443,049	52,197,800	77.5%
2001	36,213,974	8,079,049	7,006,180	35,141,105	47,003,509	74.8%
2002	30,887,062	7,006,180	5,689,714	29,570,596	42,839,388	69.0%
2003	27,363,041	5,689,714	5,039,815	26,713,142	38,895,273	68.7%
2004	25,433,370	5,039,815	3,721,202	24,114,757	34,672,681	69.5%
2005	21,520,548	3,721,202	3,276,766	21,076,112	30,393,218	69.3%
2006	17,917,181	3,276,766	3,730,491	18,370,906	26,112,187	70.4%
2007	21,904,225	3,730,491	5,613,107	23,786,841	32,415,167	73.4%
2Q 2008	15,954,485	5,613,107	6,420,261	16,761,639	19,940,917	84.1%
Total	408,503,764			414,924,025	549,905,747	75.5%
With Interest				596,887,394	786,756,021	75.9%

## UNITED COMMERCIAL TRAVELERS OF AMERICA

### Actuarial Justification for Medicare Supplement Rate Increase Standardized Medicare Supplement - All Plans Combined

#### Exhibit F - Arkansas Historical Experience

Calendar Year	Paid Claims	Incurred Claims	Earned Premium	Loss Ratio
1999	1,834	3,320	2,622	126.6%
2000	1,801	334	3,359	9.9%
2001	1,129	1,108	4,053	27.3%
2002	532	541	4,033	13.4%
2003	48	692	3,269	21.2%
2004	1,168	914	2,444	37.4%
2005	1,610	1,286	1,819	70.7%
2006	14,418	72,039	122,855	58.6%
2007	1,136,673	1,532,565	2,038,912	75.2%
2Q 2008	1,616,316	1,731,443	2,064,099	83.9%
Total	2,775,530	3,344,242	4,247,465	78.7%
With Interest		3,413,621	4,334,571	78.8%

\* Experience prior to 1999 is unavailable.



THE ORDER OF  
**UNITED COMMERCIAL TRAVELERS OF AMERICA**

632 NORTH PARK STREET, P.O. BOX 159019 COLUMBUS, OHIO 43215-8619  
(614) 228-3276 • TOLL-FREE: (800) 848-0123 • FAX: (614) 228-1898 • [www.uct.org](http://www.uct.org)

March 31, 2008

J. Steven Keck, FSA, MAAA  
Wakely Actuarial  
34125 US Highway 19 North, Suite 310  
Palm Harbor, FL 34684

Dear Mr. Keck:

Wakely Actuarial is hereby authorized to file rate increases, refund calculations or other filings requiring actuarial certification on behalf of The Order of United Commercial Travelers of America.

Thank you.

Sincerely,

Ronald E. Hunt  
Executive Vice President, Operations

**Life, Accident & Health, Annuity, Credit Transmittal Document (Revised 11/21/2002)**

<b>1.</b>	<b>Prepared for the State of</b>	<b>Arkansas</b>			
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<b>2.</b>	<b>Department Use Only</b>				
	<b>State Tracking ID</b>				

  

<b>3.</b>	<b>Insurer Name &amp; Address</b>	<b>Domicile</b>	<b>NAIC Group #</b>	<b>NAIC #</b>	<b>FEIN #</b>
	The Order of United Commercial Travelers of America 1801 Watermark Drive, Suite 100 Columbus, OH 43215	Ohio	000	56383	31-4273120

  

<b>4.</b>	<b>Filer Name &amp; Address</b>	<b>Telephone #</b>	<b>Fax #</b>	<b>E-mail Address</b>
	Jennifer G. Snell Wakely Actuarial Services, Inc. 34125 US Hwy 19 N, Suite 310 Palm Harbor, Florida 34684	888-590-5504, Ext 2121	727-373-4559	Jennifer.snell@wakelyactuarial.com

  

<b>5.</b>	<b>Filing Method</b>	<input type="checkbox"/> Paper	<input checked="" type="checkbox"/> Electronic/Serff
			Tracking Number WAKE-125896605

  

<b>6.</b>	<b>Company Tracking Number</b>	<b>NA</b>		
<b>7.</b>	<b>Market</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Any size <input type="checkbox"/> Other _____		
<b>8.</b>	<b>Type of Insurance</b>	Medicare Supplement - Other		
<b>9.</b>	<b>Product Coding Matrix Filing Code</b>	<u>MS06.000</u>		
<b>10.</b>	<b>Submitted Documents</b>	<b>Forms</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ <b>Rates</b> <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ <b>Report</b> _____		
<b>11.</b>	<b>Filing Submission Date</b>	11/11/2008		
<b>12.</b>	<b>Filing Fee (If required)</b>	Amount \$250.00                      Check Date 11/11/2008 Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                      Check Number EFT		
<b>13.</b>	<b>Date of Domiciliary Approval</b>	Not Filed		

14.	<p><b>Filing Description:</b></p> <p>The company is requesting a 25.0% increase in premiums for all issue age plans. The rate changes will apply to policies in force and new issues with average effective date for implementation to be 1/1/2009.</p>
-----	---

15.	<p><b>Certification (If required)</b></p> <p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of Arkansas.</p> <p>Print Name: Jennifer G. Snell Title: Compliance Analyst</p> <p>Original Signature  Date: November 11, 2008</p>
-----	---

<b>16.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>		
<b>This filing corresponds to rate filing company tracking number</b>		

	<b>Document Name</b>	<b>Form Number</b>		<b>Replaced Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

Effective January 1, 2003

<b>17.</b>		<b>Rate Filing Attachment</b>		
<b>This filing transmittal is part of company tracking number</b>		<b>NA</b>		
<b>This filing corresponds to form filing company tracking number</b>		<b>NA</b>		
<b>Overall percentage rate impact for this filing</b>		<b>NA</b>		
	<b>Document Name</b>	<b>Affected Form Numbers</b>		<b>Previous State Filing Number</b>
	<b>Description</b>			
01	<b>Standard Medicare Supplement Plans</b>	<b>MS(A)-91, MS(B)-91, MS IE 06 AR, MS IF 06 AR, MS IG 06 AR</b>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>25.0</u> % <input type="checkbox"/> Other _____	
	<b>Issue Age</b>			
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % - ____ % <input type="checkbox"/> Other _____	

W:\mar03\cmte\ex\wg\isbs\sumsg\Web Docs\LH Transmittal 11-21-02.doc



J. Steven Keck  
Consulting Actuary  
34125 US Highway 19 North, Suite 310  
Palm Harbor, Florida 34684  
Steve.Keck@WakelyActuarial.com

November 19, 2008

Ms. Stephanie Fowler  
Arkansas Insurance Department  
1200 West 3rd Street  
Little Rock, Arkansas 72201-1904

RE: The Order of United Commercial Travelers of America  
Standardized Medicare Supplement Plans  
Tracking No: 40825

Dear Ms. Fowler:

Thank you for your continued consideration of this rate increase filing. The purpose of this letter is to provide the additional information requested in your letter dated November 18, 2008.

As requested, Arkansas historical experience for Plan F can be found in the attached Exhibit G.

If you have any questions or need any additional information, please call me at (888) 590-5504 extension 2109.

Sincerely,

A handwritten signature in blue ink that reads "J. Steven Keck". The signature is fluid and cursive, with the first name "J." and last name "Keck" clearly legible.

J. Steven Keck, FSA, MAAA  
Consulting Actuary

**UNITED COMMERCIAL TRAVELERS OF AMERICA**

Actuarial Justification for Medicare Supplement Rate Increase  
Standardized Medicare Supplement - Plan F

Exhibit G - Arkansas Historical Experience

Calendar Year	Paid Claims	Incurred Claims	Earned Premium	Loss Ratio
2006	12,663	64,616	114,066	56.6%
2007	1,079,155	1,456,300	1,867,920	78.0%
2Q 2008	1,536,181	1,616,950	1,900,917	85.1%
Total	2,627,999	3,137,866	3,882,903	80.8%
With Interest		3,207,794	3,974,317	80.7%

SERFF Tracking Number: WAKE-125896605 State: Arkansas

Filing Company: The Order of United Commercial Travelers of America State Tracking Number: 40825

Company Tracking Number:

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: UCT Ind Std Med Supp Rate 2008

Project Name/Number: UCT/112008

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Rate and Rule	Rate Pages	11/11/2008	AR 2008 Rates.pdf

**UNITED COMMERCIAL TRAVELERS OF AMERICA****Exhibit B - Current and Proposed Premiums****ARKANSAS**

PLAN A				
Issue Age	Mode	Current	Percent Increase	Proposed
All Ages	Monthly EFT	115.00	25.0%	143.75
All Ages	Monthly Direct	138.02	25.0%	172.52
All Ages	Quarterly	362.29	25.0%	452.86
All Ages	Semi-Annual	710.80	25.0%	888.50
All Ages	Annual	1,380.23	25.0%	1,725.28

**UNITED COMMERCIAL TRAVELERS OF AMERICA**

Exhibit B - Current and Proposed Premiums

**ARKANSAS**

PLAN B				
Issue Age	Mode	Current	Percent Increase	Proposed
All Ages	Monthly EFT	176.04	25.0%	220.05
All Ages	Monthly Direct	211.26	25.0%	264.07
All Ages	Quarterly	554.55	25.0%	693.18
All Ages	Semi-Annual	1,087.99	25.0%	1,359.98
All Ages	Annual	2,112.61	25.0%	2,640.76

**UNITED COMMERCIAL TRAVELERS OF AMERICA**

Exhibit B - Current and Proposed Premiums (Zip Code 722)

**ARKANSAS**

PLAN E										
		Current Premiums					Proposed Premiums			
		Non-Smoker		Smoker		Percent	Non-Smoker		Smoker	
Age	Mode	Male	Female	Male	Female	Increase	Male	Female	Male	Female
All	Annual	1,461.65	1,461.65	1,827.35	1,827.35	25.0%	1,827.06	1,827.06	2,284.18	2,284.18
All	Semi-Annual	752.74	752.74	941.08	941.08	25.0%	940.92	940.92	1,176.35	1,176.35
All	Quarterly	383.68	383.68	479.67	479.67	25.0%	479.60	479.60	599.58	599.58
All	EFT Monthly	121.79	121.79	152.27	152.27	25.0%	152.23	152.23	190.33	190.33
All	Direct Monthly	146.16	146.16	182.73	182.73	25.0%	182.70	182.70	228.41	228.41

Area Factors

Arkansas 3 Digit Zip Codes	Factor
722	1.00
720,721	0.90
716-719,723-729	0.85

Modal Factors

Annual	1.00000
Semi-Annual	0.51500
Quarterly	0.26250
EFT Monthly	0.08333
Direct Monthly	0.10000

**UNITED COMMERCIAL TRAVELERS OF AMERICA**

Exhibit B - Current and Proposed Premiums (Zip Code 722)

**ARKANSAS**

PLAN F										
		Current Premiums					Proposed Premiums			
		Non-Smoker		Smoker		Percent	Non-Smoker		Smoker	
Age	Mode	Male	Female	Male	Female	Increase	Male	Female	Male	Female
All	Annual	1,689.35	1,689.35	2,112.55	2,112.55	25.0%	2,111.68	2,111.68	2,640.68	2,640.68
All	Semi-Annual	870.01	870.01	1,087.96	1,087.96	25.0%	1,087.51	1,087.51	1,359.95	1,359.95
All	Quarterly	443.45	443.45	554.54	554.54	25.0%	554.31	554.31	693.17	693.17
All	EFT Monthly	140.77	140.77	176.03	176.03	25.0%	175.96	175.96	220.03	220.03
All	Direct Monthly	168.93	168.93	211.25	211.25	25.0%	211.16	211.16	264.06	264.06

Area Factors

Arkansas 3 Digit Zip Codes	Factor
722	1.00
720,721	0.90
716-719,723-729	0.85

Modal Factors

Annual	1.00000
Semi-Annual	0.51500
Quarterly	0.26250
EFT Monthly	0.08333
Direct Monthly	0.10000

**UNITED COMMERCIAL TRAVELERS OF AMERICA**

Exhibit B - Current and Proposed Premiums (Zip Code 722)

**ARKANSAS**

PLAN G										
		Current Premiums					Proposed Premiums			
		Non-Smoker		Smoker		Percent	Non-Smoker		Smoker	
Age	Mode	Male	Female	Male	Female	Increase	Male	Female	Male	Female
All	Annual	1,495.00	1,495.00	1,866.45	1,866.45	25.0%	1,868.75	1,868.75	2,333.06	2,333.06
All	Semi-Annual	769.92	769.92	961.22	961.22	25.0%	962.40	962.40	1,201.52	1,201.52
All	Quarterly	392.43	392.43	489.94	489.94	25.0%	490.53	490.53	612.42	612.42
All	EFT Monthly	124.57	124.57	155.53	155.53	25.0%	155.71	155.71	194.41	194.41
All	Direct Monthly	149.50	149.50	186.64	186.64	25.0%	186.87	186.87	233.30	233.30

Area Factors

Arkansas 3 Digit Zip Codes	Factor
722	1.00
720,721	0.90
716-719,723-729	0.85

Modal Factors

Annual	1.00000
Semi-Annual	0.51500
Quarterly	0.26250
EFT Monthly	0.08333
Direct Monthly	0.10000

**UNITED COMMERCIAL TRAVELERS OF AMERICA**

Exhibit B - Current and Proposed Premiums (Zip Codes 720, 721)

**ARKANSAS**

PLAN E										
		Current Premiums					Proposed Premiums			
		Non-Smoker		Smoker		Percent	Non-Smoker		Smoker	
Age	Mode	Male	Female	Male	Female	Increase	Male	Female	Male	Female
All	Annual	1,315.49	1,315.49	1,644.62	1,644.62	15.0%	1,512.80	1,512.80	1,891.30	1,891.30
All	Semi-Annual	677.47	677.47	846.97	846.97	15.0%	779.08	779.08	974.01	974.01
All	Quarterly	345.31	345.31	431.70	431.70	15.0%	397.10	397.10	496.45	496.45
All	EFT Monthly	109.61	109.61	137.04	137.04	15.0%	126.05	126.05	157.59	157.59
All	Direct Monthly	131.54	131.54	164.46	164.46	15.0%	151.27	151.27	189.12	189.12

Area Factors

Arkansas 3 Digit Zip Codes	Factor
722	1.00
720,721	0.90
716-719,723-729	0.85

Modal Factors

Annual	1.00000
Semi-Annual	0.51500
Quarterly	0.26250
EFT Monthly	0.08333
Direct Monthly	0.10000

**UNITED COMMERCIAL TRAVELERS OF AMERICA**

Exhibit B - Current and Proposed Premiums (Zip Codes 720, 721)

**ARKANSAS**

PLAN F										
		Current Premiums					Proposed Premiums			
		Non-Smoker		Smoker		Percent	Non-Smoker		Smoker	
Age	Mode	Male	Female	Male	Female	Increase	Male	Female	Male	Female
All	Annual	1,520.42	1,520.42	1,901.30	1,901.30	15.0%	1,748.47	1,748.47	2,186.48	2,186.48
All	Semi-Annual	783.01	783.01	979.16	979.16	15.0%	900.46	900.46	1,126.03	1,126.03
All	Quarterly	399.11	399.11	499.09	499.09	15.0%	458.97	458.97	573.94	573.94
All	EFT Monthly	126.69	126.69	158.43	158.43	15.0%	145.69	145.69	182.19	182.19
All	Direct Monthly	152.04	152.04	190.13	190.13	15.0%	174.84	174.84	218.64	218.64

Area Factors

Arkansas 3 Digit Zip Codes	Factor
722	1.00
720,721	0.90
716-719,723-729	0.85

Modal Factors

Annual	1.00000
Semi-Annual	0.51500
Quarterly	0.26250
EFT Monthly	0.08333
Direct Monthly	0.10000

**UNITED COMMERCIAL TRAVELERS OF AMERICA**

Exhibit B - Current and Proposed Premiums (Zip Codes 720, 721)

**ARKANSAS**

PLAN G										
		Current Premiums					Proposed Premiums			
		Non-Smoker		Smoker		Percent	Non-Smoker		Smoker	
Age	Mode	Male	Female	Male	Female	Increase	Male	Female	Male	Female
All	Annual	1,345.50	1,345.50	1,679.81	1,679.81	15.0%	1,547.32	1,547.32	1,931.77	1,931.77
All	Semi-Annual	692.93	692.93	865.10	865.10	15.0%	796.86	796.86	994.86	994.86
All	Quarterly	353.19	353.19	440.95	440.95	15.0%	406.16	406.16	507.08	507.08
All	EFT Monthly	112.11	112.11	139.98	139.98	15.0%	128.92	128.92	160.97	160.97
All	Direct Monthly	134.55	134.55	167.98	167.98	15.0%	154.73	154.73	193.17	193.17

Area Factors

Arkansas 3 Digit Zip Codes	Factor
722	1.00
720,721	0.90
716-719,723-729	0.85

Modal Factors

Annual	1.00000
Semi-Annual	0.51500
Quarterly	0.26250
EFT Monthly	0.08333
Direct Monthly	0.10000

**UNITED COMMERCIAL TRAVELERS OF AMERICA**

Exhibit B - Current and Proposed Premiums (Zip Codes 716-719, 723-729)

**ARKANSAS**

PLAN E										
		Current Premiums					Proposed Premiums			
		Non-Smoker		Smoker		Percent	Non-Smoker		Smoker	
Age	Mode	Male	Female	Male	Female	Increase	Male	Female	Male	Female
All	Annual	1,242.40	1,242.40	1,553.25	1,553.25	15.0%	1,553.00	1,553.00	1,941.55	1,941.55
All	Semi-Annual	639.83	639.83	799.92	799.92	15.0%	799.78	799.78	999.89	999.89
All	Quarterly	326.13	326.13	407.72	407.72	15.0%	407.66	407.66	509.64	509.64
All	EFT Monthly	103.52	103.52	129.43	129.43	15.0%	129.40	129.40	161.78	161.78
All	Direct Monthly	124.24	124.24	155.32	155.32	15.0%	155.29	155.29	194.15	194.15

Area Factors

Arkansas 3 Digit Zip Codes	Factor
722	1.00
720,721	0.90
716-719,723-729	0.85

Modal Factors

Annual	1.00000
Semi-Annual	0.51500
Quarterly	0.26250
EFT Monthly	0.08333
Direct Monthly	0.10000

**UNITED COMMERCIAL TRAVELERS OF AMERICA**

Exhibit B - Current and Proposed Premiums (Zip Codes 716-719, 723-729)

**ARKANSAS**

PLAN F										
		Current Premiums					Proposed Premiums			
		Non-Smoker		Smoker		Percent	Non-Smoker		Smoker	
Age	Mode	Male	Female	Male	Female	Increase	Male	Female	Male	Female
All	Annual	1,435.95	1,435.95	1,795.67	1,795.67	15.0%	1,794.93	1,794.93	2,244.58	2,244.58
All	Semi-Annual	739.51	739.51	924.77	924.77	15.0%	924.38	924.38	1,155.95	1,155.95
All	Quarterly	376.93	376.93	471.36	471.36	15.0%	471.16	471.16	589.19	589.19
All	EFT Monthly	119.65	119.65	149.63	149.63	15.0%	149.56	149.56	187.03	187.03
All	Direct Monthly	143.59	143.59	179.56	179.56	15.0%	179.48	179.48	224.45	224.45

Area Factors

Arkansas 3 Digit Zip Codes	Factor
722	1.00
720.721	0.90
716-719,723-729	0.85

Modal Factors

Annual	1.00000
Semi-Annual	0.51500
Quarterly	0.26250
EFT Monthly	0.08333
Direct Monthly	0.10000

# UNITED COMMERCIAL TRAVELERS OF AMERICA

Exhibit B - Current and Proposed Premiums (Zip Codes 716-719, 723-729)

## ARKANSAS

PLAN G										
		Current Premiums					Proposed Premiums			
		Non-Smoker		Smoker		Percent	Non-Smoker		Smoker	
Age	Mode	Male	Female	Male	Female	Increase	Male	Female	Male	Female
All	Annual	1,270.75	1,270.75	1,586.48	1,586.48	15.0%	1,588.43	1,588.43	1,983.10	1,983.10
All	Semi-Annual	654.43	654.43	817.04	817.04	15.0%	818.04	818.04	1,021.29	1,021.29
All	Quarterly	333.57	333.57	416.45	416.45	15.0%	416.95	416.95	520.56	520.56
All	EFT Monthly	105.88	105.88	132.20	132.20	15.0%	132.35	132.35	165.25	165.25
All	Direct Monthly	127.08	127.08	158.64	158.64	15.0%	158.84	158.84	198.30	198.30

### Area Factors

Arkansas 3 Digit Zip Codes	Factor
722	1.00
720.721	0.90
716-719,723-729	0.85

### Modal Factors

Annual	1.00000
Semi-Annual	0.51500
Quarterly	0.26250
EFT Monthly	0.08333
Direct Monthly	0.10000